

ATTORNEY DOCKET NO. 10003980-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

joint inv ntor (if plural patent is sought on the	names	and sole inventor (if on are listed below) of the on entitled:	e subject matter whi	ch is claimed a	nd for which a
DIFFRACTIVE OPTICA	L ELEM	ENT FOR PROVIDING	FAVORABLE MULTI	MODE FIBER L	AUNCH AND
the specification of wh		ttached hereto unless th	ne following box is ch	ecked:	
		•			Application
including the claims, a	as amen	riewed and understood ded by any amendmen is material to patentabili	t(s) referred to abov	e. I acknowled	
Foreign Application(s) and/or	r Claim of	Foreign Priority			
inventor(s) certificate listed	below and	s under Title 35, United Stat I have also identified below e tion on which priority is clain	any foreign application for		
COUNTRY		APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED (JNDER 35 U.S.C. 119
N/A				YES:	NO:
				YES:	NO:
Provisional Application I hereby claim the benefit ubelow:	inder Title	35, United States Code Sec	ction 119(e) of any United	States provisional	application(s) listed
	АР	PLICATION SERIAL NUMBER	FILING DATE		
		N/A			
inenfor se the cubiect matte			ection 120 of any United		
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DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continu d)

NEY DOCKET NO. 10003980-1

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Inventor's Signature		3-/0 Date	5 01			
•						
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			Citizenship			
Residence:						
Post Office Address:						
Inventor's Signature		Dete				
		Date				
Full Name of # 4 joint inventor:			Citizenship:			
Residence:						
Post Office Address:						
Inventor's Signature		Date				
Full Name of # 5 joint inventor:			Citizenship:			
Residence:						
Post Office Address:						
Inventor's Signature		Date				
	•					
Full Name of # 6 joint inventor:			Citizenship:			
Residence:			· -			
Post Office Address:						
Inventor's Signature		Date	 			
5 11 11				•		
Full Name of # 7 joint inventor:			Citizenship:_			
Residence:						
Post Office Address:			·			
Inventor's Signature	· · · · · · · · · · · · · · · · · · ·					
inventor a dignature		Date				
Full Name of # 8 joint inventor:			Citizenship:_			
Residence:	·					
Post Office Address:						
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Inventor's Signature		Date				